MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38052

1. PLACE OF DEATH

County: Lafayett

Township: 2

City: Odessa (No.)

Registration District No. 464

Primary Registration District No. 4277

File No. 18

Registered No. 33

St. Ward.

2. FULL NAME John R. Windsor

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1937

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

FATHER

13. NAME John Windsor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

MOTHER

15. MAIDEN NAME Mary Bray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray county Missouri

17. INFORMANT (ADDRESS) John G. Windsor Odessa Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Cem DATE 10/8 1937

19. UNDERTAKER (ADDRESS) J.C. Husman Odessa Mo

20. FILED 10-8-1937 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1937, to Oct. 8, 1937

I last saw him alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature (6½ mo)

Other contributory causes of importance:

159

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Webster , M.D.

(Address) Odessa Mo